

WAITING LIST INFORMATION CHANGE FORM

This form can be used to request changes in a Section 8 Housing applicant's file on the waiting list. Please complete and submit this form to:

Department of Commerce
Housing Assistance Bureau
Section 8 Housing Program
PO Box 200545
Helena, Montana 59620-0545
PHONE -- (406) 841-2830

TYPE OF CHANGE:

_____ Name _____ Address _____ Family Composition
_____ Income
Social Security No. _____ Client ID No. _____
Name: _____
Any Other Last Name: _____ Phone: _____
Mailing Address: _____
_____ City _____ State _____ Zip Code _____

Where were you when you applied? _____
Are you changing areas? _____ Where? _____
Are you terminating a unit? _____ Where? _____

HOUSEHOLD MEMBERS:

<u>Name</u>	<u>Birthdate</u>	<u>Sex</u>	<u>Social Sec. #</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Amount & Source of Monthly Income: _____

Signature: _____ Date: _____

**NAME, SOCIAL SECURITY NUMBER AND ADDRESS MUST BE FILLED OUT
OR THIS CHANGE FORM WILL NOT BE ACCEPTED.**

OTHER INFORMATION:

(NEEDED FOR ALLOWANCES/DEDUCTIONS OR TO DETERMINE CORRECT BEDROOM SIZE)

_____ Disabled or Handicapped
_____ Elderly (age 62 years or older)
_____ Pregnant

**ALL INFORMATION WILL BE VERIFIED
PRIOR TO BEING CERTIFIED FOR RENTAL ASSISTANCE.**

You are responsible for all address changes and keeping all information current.